

COUNTY OF SUFFOLK



**Steve Levy
SUFFOLK COUNTY EXECUTIVE**

**OFFICE OF THE COUNTY EXECUTIVE
HUMAN SERVICES DIVISION**

**OFFICE OF HANDICAPPED SERVICES
BRUCE BLOWER
DIRECTOR**

Dear Paratransit Applicant:

Available for download is an application for Suffolk County Accessible Transit (SCAT) paratransit system. It is not necessary for you to obtain a medical certification, but please answer all the questions. This will enable us to determine your eligibility. All information will be kept confidential.

When you have completed and signed the application, mail it and two identical (or similar) black and white, or color photographs (no copies please) to:

Suffolk County Office of Handicapped Services
Building 158, North County Complex
P.O. Box 6100
Hauppauge, NY 11788-0099

You will be notified as to your eligibility by mail within three weeks.

The specifications for the two original photographs are: clear, full face, front view. Your face should fit in a 1" x 1 1/4" area, the size of a the box below, just print your name on the back of each photo and attach them to the application with a paper clip.

On the other side of this cover letter is information about Paratransit. If you have any questions, or need assistance filling out the application, please feel free to call us at 853-8337 (voice) or 853-5658 (TTY for hearing impaired). Also, copies of the federal Department of Transportation and ADA Paratransit standards are available upon request.



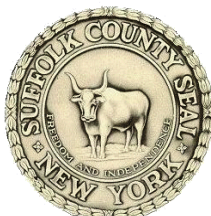
Photo Size

Very truly yours,

Bruce Blower, Director
Suffolk County Office of
Handicapped Services

PLEASE SAVE THIS LETTER!!

COUNTY OF SUFFOLK



Steve Levy
SUFFOLK COUNTY EXECUTIVE

SCAT-PARATRANSIT PROCEDURES AND GUIDELINES

1. To make a trip reservation, call the Suffolk County Accessible Transit (SCAT) paratransit dispatcher at 738-1150 (voice) or 981-0104 (TTY). **ALL RESERVATIONS ARE SUBJECT TO AVAILABILITY.** Riders are entitled to trips on a first-come, first-served basis.
2. Reservations may be made up to 7 days in advance and no later than one day prior to the day you want to ride, if available. **Multiple reservations can be made at one time. Since reservations are on a first-come, first-served basis you may not always get the reservations you desire if those time slots have already been taken.**
3. Reservations can be made between 8:00 a.m. and 4:30 p.m., Monday through Friday for next-day service, if available. For trips on Monday, reservations can be made on Sunday between 11:00 a.m. and 3:00 p.m.
4. On Mondays through Saturdays, the first daily pick-up will be about 6:00 a.m. and the last daily pick-up will be at about 8:30 p.m. **Please note that there is no bus service on Sundays or on holidays so there is not paratransit service on these days either.**
5. Initially, the fare is \$3.00 one way (\$6.00 round trip), but may be based upon twice the cost of making a similar trip on the regular bus system. **Exact fare is required.** Drivers can not give change.
6. For riders requiring personal care attendant (PCA), the attendant will travel free. In addition to the PCA, one companion can also accompany the rider by paying the full fare. Additional companies may also accompany the rider, but only if sufficient vehicle capacity can accommodate them and they each must also pay the full fare.
7. Riders must have I.D. cards with them when using SCAT identifying them as ADA paratransit eligible. (If you do not yet have your ID card, bring your eligibility certification letter along on the trip.)
8. If cancellation of your reservation is necessary, it must be made at least two (2) hours before your scheduled pick-up time. In an emergency, call as soon as possible. **However, riders who are repeat no shows or cancel excessively, risk having their riding privileges suspended or revoked.**
9. Service is curb-to-curb **only**. Please do not ask driver for door-to-door service. You must be at the curb at the time of your scheduled pick up. Drivers can not leave the bus to bring riders to or from the curb.
10. All pick-up and drop-off locations must be within Suffolk County, NY. Trip origins and destinations must be within 3/4 of a mile of a Suffolk County Transit fixed bus route.
11. If you are able to use the public bus system for any trips, we urge you to do so, to make room for people who can **only** travel via paratransit. Thank you for your cooperation.

PLEASE SAVE!

For SCAT Office Use Only
ID# CAT: Class:

Last Name	First Name	MI
-----------	------------	----

Street Address	Apt. No.
-----------------------	-----------------

City **State** **Zip Code**

Name of Residence (If Appropriate)

Nearest Corner to your House

Home Phone Number	Business Phone Number	Extension
-------------------	-----------------------	-----------

Date of Birth / /
Mailing Address, if Different From Above

City	State	Zip Code
------	-------	----------

Contact Person (If Applicable)

Please list the names of two professions, (physicians, agencies or others familiar with you disability), whom we may contact if verification of information is required:

Name of Professional	Telephone Number
----------------------	------------------

Street Address **Suite/Floor**

City **State** **Zip Code**

Name of Professional	Telephone Number
----------------------	------------------

Street Address **Suite/Floor**

City **State** **Zip Code**

1. What is your disability and its medical basis? (Disability is defined as a physical or mental impairment that substantially limits one or more life activities. Please see the example below)

Examples: Disability is Blindness, Medical Basis is Glaucoma. Disability is Paraplegia, Medical Basis is Spinal Cord Injury.

<u>Disability</u>	<u>Medical Basis</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Is your disability permanent? Yes No

If no, how long do you expect to have this disability?

- | | |
|----------------------|--------------------|
| Three months or less | Six months or less |
| One year or less | More than one year |

3. Will you be requiring SCAT paratransit services:

Permanently Temporarily Until fixed route buses have lifts

If temporarily, for how long? ____Months ____

4. Which statement best describes your need for paratransit services? (Check all that apply)
- a. I have a severe physical, visual or mental impairment which makes it impossible for me to use the fixed route system under any circumstances.
 - b. I have an ambulatory disability which prevents me from boarding any vehicle without the assistance of a personal care attendant.
 - c. I have an ambulatory disability which prevents me from boarding any vehicle which is not fully accessible.
 - d. I have a visual or cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from a fixed-route stop and ride the system. I don't feel that I can ever learn how to use the fixed-route system even with mobility training.
 - e. I have a visual or cognitive disability which prevents me from remembering and understanding all I have to do to find my way to and from a fixed-route stop and ride the system. I think that with mobility training, I can learn, but I don't know how right now.
 - f. I can use the fixed-route system sometimes, but for certain trips either I have not been trained or there are other barriers present.

5. Please mark all of the categories (a through f) below that relate to your disability.

a. Medically defined cold \ heat sensitivity?

Yes No Sometimes

d. Able to travel or walk the physical terrain to or from bus stop

Yes No Sometimes

b. Distance to bus route \ bus stop is too far?

Yes No Sometimes

e. Adversely affected by certain types of weather?

Yes No Sometimes

c. Recognize destinations \ bus stop or landmarks?

Yes No Sometimes

If yes, what type and how does it affect you?

f. Able to cross street at busy intersections?

Yes No Sometimes

PART II
SERVICE PLANNING CHARACTERISTICS

Answers to Questions 6-14 will not affect your eligibility. In the event that your application is approved, this information is required by SCAT to provide appropriate transportation services for you. Questions 6-12 must be answered in order for this application to be complete. Please print clearly.

6. Do you travel with a personal care attendant?

Yes No Sometimes

If sometimes, when? _____

(In order for your attendant to ride with you at no charge, you must inform the SCAT office staff that you will be accompanied by an attendant when making the ride request. This will allow for appropriate seating arrangements to be made.)

7. Do you use a nobility assistance device when traveling? (Examples include a wheelchair, cane, crutches, service animal or walker.) SCAT needs to know this in order to provide the proper type of vehicle.

Yes No Sometimes

If yes, what type? _____

8. If you use a wheelchair:

a. What type is it?

Manual Power

Make/model of chair _____

Physical dimensions for chair, including foot or head extensions, in inches:

Width _____ Height _____

b. Would you be willing to transfer into a regular car seat?

Yes No Sometimes

c. Would you be willing to transfer onto a standard passenger seat on a bus?

Yes No Sometimes

9. How far do you live from the closest fixed route bus stop? Please note: SCAT service is only available to locations within 3/4 mile of SCT fixed-route service.

Within a block 1/4 mile 1/2 mile

3/4 mile over 3/4 mile Don't know

10. Approximately how many blocks can you travel independently?

A. _____ Blocks B. _____ Miles C. _____ Don't know

11. Have you ever had training to use the regular buses?

Yes No Sometimes

If yes or in process, from which agency?

If you completed this training and are able to use certain bus routes, please list them below:

1. _____ 2. _____ 3. _____ 4. _____

12. Do you have a communication disability which necessitates the use of some type of communication aide such as a lapboard and a telecommunication device for the deaf?

Yes No Sometimes

If yes or sometimes, what aide?

PART III

The applicant's response to Questions 13 and 14 is optional. Please print clearly.

14. Would you like to list the names of one or two people and/or an agency that we may contact in the event of an emergency? Yes No

Name of Contact Person No. 1

Telephone Number

- -

Street Address

City

State

Zip Code

-

Name of Contact Person No. 2

Telephone Number

- -

Street Address

City

State

Zip Code

-

14. In what format would you prefer your response to this application?

Written

Braille

Audio (tape)

Large Print

Release and Certification Information:

I, the applicant, understand that the purpose of this application form is to determine my eligibility to use the SCAT system. I agree to release the information requested to SCAT and any eligibility review panel and understand that the information contained herein will be treated confidentially. I understand further that SCAT reserves the right to request additional information at its discretion.

I hereby certify that all the information provided by me on this application is, to the best of my knowledge, true and accurate.

Signature of applicant

Date

Printed name of applicant

Signature of preparer (if other than applicant)

Date

Printed name of preparer, please state relationship or agency name

This application form must be completed and sent, together with **two** 1" x 1 1/4" identification-type **photos** as described in the cover letter, to:

SCAT
c/o Suffolk County Office of Handicapped Services
P.O. Box 6100
Hauppauge, NY 11788